

RELATIVES OF COUNTY EMPLOYEESWISHING to REGISTER as COUNTY VENDORS

Please submit the following information by mail, fax, or email to:

The Commission on Ethics & Public Trust	Phone: (305) 579-2594
19 West Flagler St., Suite 820 Miami, FL 33130	Fax: (305) 579-0273 Email: ethics@miamidade.gov
YOUR Name	
Name of your business	
Type of Business	
Your Mailing Address	
Your Daytime Phone	
Your Email	
Name of County employee related to you	
Type of relationship-spouse? Child? Parent? Other?	
County employee's department, if known	
County employee's title, if known	
Please list the names , titles and departments of any other immediate family members currently employed by Miami-Dade County	
The Miami-Dade County Conflict of Interest & Code of Eth County employees to contract with the County in certain circ	cumstances and if the following criteria are met. Please
 confirm that you and your immediate family member(s) will Entering into a contract with the County will not intemployee's duties to the County. 	terfere with the full and faithful discharge of the County
 The County employee will not participate in determ 	ining your contract requirements.
3. The County employee will not participate in awarding.	
	description will not require him/her to be involved in the enforcement, oversight, administration, amendment,
	ounty department that enforces, oversees, or administers your
I have read these requirements and pledge to abide by them.	
Signature	Date